



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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BUREAU OF FACILITY STANDARDS
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January 28, 2010

Tom Whittemore, Administrator
Communicare #5 (Kuna)
40 West Franklin Road Suite F
Meridian, Idaho 83642

RE: Communicare #5 (Kuna), Provider # 13G021

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Communicare #5 (Kuna), on January 21, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

Tom Whittlemore, Administrator
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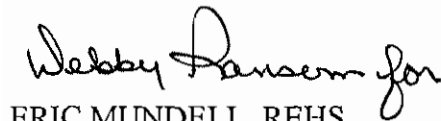
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February, 10, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Mundell for".

ERIC MUNDELL, REHS
Health Facility Surveyor
Facility Fire Safety and Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/26/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #5 (KUNA)			STREET ADDRESS, CITY, STATE, ZIP CODE 750 SWANS FALLS ROAD KUNA, ID 83634		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a one story, Type V(000) structure. Residents sleep on the first story (i.e., ground level). The facility is fully sprinklered and is licensed for 8 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability and 42 CFR 483.470. The following deficiencies were cited during the life safety survey: The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program		K 000	<div style="text-align: center;"> RECEIVED FEB 16 2010 FACILITY STANDARDS </div>	
K0046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured that electrical service to the building was provided in a safe manner for one of one service connection. The census was eight. The findings include: Observation on January 20, 2010 at 9:25 a.m.		K0046	K0046 We will contact a local electrician and Idaho Power and complete the necessary repairs to assure the electrical service is maintained at the required height.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Adrienne Estiator

2-11-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0046	Continued From page 1 disclosed that the service connection between the Idaho Power power pole and power mast installed at the top of the facility roof allowed the height of the service connection wires to droop down to 7'7" which is too low over the back porch area where activities and barbeques are conducted. The low service connection distance may cause contact between the line and occupants who may be using the back porch/patio area. Actual NFPA NEC-70 reference: 225-18. Clearance from Ground Overhead spans of open conductors and open multiconductor cables of not over 600 volts, nominal, shall conform to the following: 10 ft (3.05 m) - above finished grade, sidewalks, or from any platform or projection from which they might be reached where the voltage does not exceed 150 volts to ground and accessible to pedestrians only. 230-26. Point of Attachment The point of attachment of the service-drop conductors to a building or other structure shall provide the minimum clearances as specified in Section 230-24. In no case shall this point of attachment be less than 10 ft (3.05 m) above finished grade.	K0046			
K0120	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:	K0120	K0120 The door knob and latching mechanism was repaired/adjusted and the door was functioning properly immediately after the problem was	2-9-10	

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K0120	<p>Continued From page 2</p> <p>(a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in accordance with</p>	K0120			

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K0120	<p>Continued From page 3 33.2.3.5.</p> <p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility had not maintained secondary escape capability as required for one of six sleeping rooms sampled. The census was eight. The findings include:</p> <p>Observation on January 20, 2010 at 9:15 a.m. disclosed that the southwest exterior sleeping room door would not open when the door knob was turned and door was pushed. Another staff member attempted the same but the door would not budge. Full weight of the surveyor was pushed against the door but it would not unlatch. Failure to maintain the door as a sleeping room means of escape would delay egress for two of two residents within the room and may confuse residents who may be trying to use the door.</p>	K0120	<p>identified. All doors will be operated each month in keeping with the Monthly Preventative Maintenance check list by the AQ.</p>		

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a one story, Type V(000) structure. Residents sleep on the first story (i.e., ground level). The facility is fully sprinklered and is licensed for 8 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF-MR).</p> <p>The following deficiencies were cited during the life safety survey:</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000	<p>RECEIVED</p> <p>FEB 16 2010</p> <p>FACILITY STANDARDS</p> <p>MM327</p> <p>We were surprised by this finding as this home has been in operation since 1987 and we had not been aware of this problem previously. We have received clarification as to the specifications of the lighting system for the control panel and will put one in place on or before 3/31/10. Once in place the system will be tested monthly for 30 seconds and annually for 90 minutes by the home's AQ and the results recorded on the Monthly Preventative Maintenance Check List to assure it remains functional.</p>	3/31/10	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to CMS federal form 2567 and K tags K046 and K120.</p>	MM309			
MM327	<p>16.03.11.110.02(h) Emergency Electrical Service</p> <p>Each facility must provide emergency electrical service for at least the exit passageway lighting, hall lighting, and the fire alarm system. This Rule is not met as evidenced by:</p>	MM327			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

2-11-2010

Bureau of Facility Standards

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MM327	Continued From Page 1 Based on observation it was determined that the facility had not ensured emergency lighting was available for one of one fire control panels. The census was eight. The findings include: Observation on January 20, 2010 at 9:30 a.m. disclosed that emergency lighting was not installed to illuminate the fire control panel. There was no residual light from other emergency lighting to provide any illumination. Lack of emergency illumination on the fire control panel would potentially cause inability of staff to operate the panel during power failure.	MM327		